SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Merit Medical Systems Inc Employee Good Governance PAC Full Name (Last, First, Middle Initial) George Frioux Date of Receipt Mailing Address 1990 Pheasant Circle 2015 31 City Zip Code State Transaction ID: PR234295314064 UT Holladay 84121-1306 Amount of Each Receipt this Period FEC ID number of contributing 1131.00 federal political committee. Name of Employer Occupation Merit Medical Systems, Inc. **Building Project Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$87.00 Bi-Weekly) 2262.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Hart Date of Receipt Mailing Address 7459 South Balboa Drive 12 31 2015 City State Zip Code Transaction ID: PR234307914064 UT Midvale 84047-2284 Amount of Each Receipt this Period FEC ID number of contributing 195.00 federal political committee. Name of Employer Occupation Merit Medical Systems, Inc. Software Analysis & Validation Enginee Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Johnson Date of Receipt Mailing Address 3043 East Vermont Drive 31 2015 City Zip Code State Transaction ID: PR234318914064 ΑZ Gilbert 85295-1977 Amount of Each Receipt this Period FEC ID number of contributing 590.85 С federal political committee. Name of Employer Occupation Merit Medical Systems, Inc. Manager, Regional Sales Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.45 Bi-Weekly) 1181.70 Other (specify) 1916.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9